



APPLICATION FOR WITHDRAWAL FROM THE FUND DUE TO DEATH OF MEMBER

State Form 4717 (R3 / 5-06)

Approved by State Board of Accounts, 2006

INDIANA STATE TEACHERS' RETIREMENT FUND

150 West Market Street, Suite 300

Indianapolis, Indiana 46204-2809

Telephone: (317) 232-3860/ Toll Free: (888) 286-3544

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Privacy Notice

Your Social Security Number is being requested pursuant to IRS Code 3405. Disclosure is mandatory and this document cannot be processed without it.

An original Death Certificate is required to be submitted with this form.

MEMBER INFORMATION

Name of deceased member

Social Security number of deceased member

ISTRF number of deceased member

Date of birth of deceased member (mm/dd/yy)

The undersigned for and on behalf of said decedent's estate does hereby apply for the payment of the amount paid into said Fund by said deceased teacher – less deductions, if any, to be made by law.

The undersigned respectfully shows that _____ died (*circle one*) testate in testate

at _____ in the County of _____

and State of _____ on _____, 20 _____.

BENEFICIARY INFORMATION

Signature of Beneficiary

Street address

City

State

ZIP Code

Date of Birth
(mm/dd/yy)

Social Security number

NOTARY CERTIFICATE

STATE OF _____

COUNTY OF _____

Subscribed and sworn to me this _____ day of _____, 20 _____.

Signature of applicant

Signature of Notary Public

Printed or typed name of applicant

Printed or typed name of Notary Public

Date subscribed and sworn to (Notary Public) (mm/dd/yy)

County of residence

Date commission expires (mm/dd/yy)